

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J65212

1. Entity Name
LAW OFFICES OF ROBIN W. FRIERSON, P.A.



Principal Place of Business
1920 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Mailing Address
1920 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0028399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIERSON, ROBIN W.
1920 SE PORT ST LUCIE BLVD.
STUART, FL 34952

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVT
FRIERSON, ROBIN W.
1920 SE PT ST LUCIE BLVD
PT ST. LUCIE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SDC
FRIERSON, ROBIN W.
1920 SE PT ST LUCIE BLVD
PT ST. LUCIE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M
FRIERSON, ROBIN W.
1920 SE PT ST LUCIE BLVD
PT ST. LUCIE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000089120
03/15/04-80073-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will call other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Frierson 3-11-04 772-334
Date Daytime Phone # 4120